

# Stephenville Christian School

1120 County Road 351  
Stephenville, Texas 76401

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Website: www.stephenvillechristianschool.com

## 2021 - 2022 Registration Form

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Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Age by September 1, 2021 \_\_\_\_\_ Grade Level for 2021 - 2022 \_\_\_\_\_ Gender \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Student's Social Security # \_\_\_\_\_

### Emergency Contact Information

Father's Employer/Occupation \_\_\_\_\_

Father's Work Phone# \_\_\_\_\_ Father's Cell Phone# \_\_\_\_\_

Mother's Employer/Occupation \_\_\_\_\_

Mother's Work Phone# \_\_\_\_\_ Mother's Cell Phone# \_\_\_\_\_

### If parents cannot be reached, who else may the school contact in case of an emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Which church do you attend? \_\_\_\_\_

Please complete the back of this page.

**For PreK3-4, please circle the following program option that you prefer:**

Full day/5 days per week (Mon.-Fri.)      OR      Full day/3 days per week (Mon., Wed., & Fri.)

½ Day/5 days per week (Mon.-Fri.)      OR      ½ Day/3 days per week (Mon., Wed., & Fri.)

**Extended Care**

Do you plan to put your child in our After School Extended Care program (3:30-5:30)? \_\_\_\_\_

**Authorization for Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

List any special problems such as allergies, existing illness, previous serious illness, etc: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please initial to show your agreement with each of the following statements:**

\_\_\_\_\_ I give permission for my child's picture and/or name to be used in publications to promote the school or to inform the public about school activities, etc. These may be released through any form of media presentation.

\_\_\_\_\_ I give permission for my child's picture (without a name) to be used on the school's website or other educational websites to promote the school.

\_\_\_\_\_ I give permission for my child to use the internet while at school with teacher supervision.

\_\_\_\_\_ I give permission for my child to participate in school sponsored/supervised off campus field trips/activities.

\_\_\_\_\_ I have provided (will provide) SCS with a copy of my child's most recent immunization record that shows that he/she has received all of the required vaccinations. I understand that this copy must have a doctor's signature or clinic stamp to be valid.

\_\_\_\_\_ I understand that the parents/guardians of any students withdrawing during the school year are obligated to pay all of the tuition fees for the remainder of the school year. (Exceptions made with board approval)

\_\_\_\_\_ My signature below indicates my agreement with the SCS vision and policies, and my willingness to support SCS in my prayers. I will faithfully uphold the Christian lifestyle in my home, and be faithful to my church.

Signature \_\_\_\_\_ Date \_\_\_\_\_